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5)/ O.D.	Attorney Docket Number		2120		
ry or	First Named Inventor		JACOB BERGQUIST		
N	COMPLETE IF KNOWN				
	Application Number	10/	733,976		
on d after Initial rcharge 1.16 (e))	Filing Date	12/11/2003			
	Art Unit	3683			
	Examiner Name			J	

## DECLARATION FOR UTILIT DESIGN PATENT APPLICATION (37 CFR 1.63) Declaration Declaration Submitted Submitted Filing (sur with Initial (37 CFR Filing required) As the below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Bidirectionally locking safety brake apparatus for tree climbing lanyards and other types of lines and safety climbing lanyard system utilizing same. (Title of the Invention) the specification of which

is attached hereto

XX

was filed on (MM/DD/YYYY)

12/11/2003

as United States Application Number or PCT International

Application Number

10/733,976

and was amended on (MWDD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filling date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYY)	Priority Not Claimed	Certified Copy Attached? YES NO
None				
Additional foreign application number	pers are listed on a sup	plemental priority data sheet P	TO/SB/02B attach	ned hereto:

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## **DECLARATION** — Utility or Design Patent Application

857 W. Jones Creek Road  City Grants Pass State OR ZIP 97526 USA Country  NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor  Given Name first and middle [if any]) Family Name or Surname  niventor's signature Date  esidence: City State Country Citizenship	
Address 2400 S.W. 4th Avenue  City Portland State OR ZIP 97201  Country U.S.A. Telephone (503) 222-1321 (503) 274-7747  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so read any part of imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the visibly of the application or any patent issued thereon.  NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor  Given Name JACOB (first and middle [if any])  Family Name or Sumame  OR Country  Residence: City Grants Pass State OR ZIP 97526 Country  A petition has been filed for this unsigned inventor  A petition has been filed for this unsigned inventor  A petition has been filed for this unsigned inventor  State OR ZIP 97526 Country  Country  Citizenship  Pamily Name or Sumame  Family Name or Sumame	
City Portland State OR Zip 97201  Country U.S.A. Tolephone (503) 222–1321 (503) 274–7747  Fax (503) 274–7747  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief made are putilisable by fine of imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements and the like so validity of the application or any potent issued thereon.  NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor  Given Name JACOB (first and middle [if any!)  Inventor's Signature State OR James Country State OR Sumame Or	
Country U.S.A.  Telephone (503) 222-1321 (503) 274-7747  Telephone (503) 274-7747  Te	Address 2400 S.W. 4th Avenue
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so validity of the application of any patent issued thereon.  NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor  Given Name  (Inventor's Signature Signature Signature Signature State OR Sta	
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor  Given Name JACOB (first and middle [if any])  Inventor's Signature  857 W. Jones Creek Road  State OR ZIP 97526 Country  A petition has been filed for this unsigned inventor  BERGQUIST OR SUMANNE  OR SUMANNE  Citizenship  Family Name  OR Country  OR COUNT	Tolonhana
Given Name JACOB (first and middle [if any])  Inventor's Signature  857 W. Jones Creek Road  City Grants Pass State OR ZIP 97526 USA Country  NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor  Given Name first and middle [if any])  Pamily Name or Sumame  Family Name or Sumame  Family Name or Sumame  Family Name or Sumame  Signature  Date  City State Country  City State Country  City State Country  City Name or Sumame  City State Country  City Name or Sumame  City State Country  City State Country  City State Country  City City State Country  City City State Country  City City City City City City City City	validity of the application or any patent issued thereon.
Family Name or Surname	NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor
Residence: City Grants Pass  State OR Country  Mailing Address  State OR ZIP 97526 USA Country  Mame or Surmane  Family Name or Surmane  Pate D4 24 by  USA Clitzenship  USA Country  Date D4 24 by  USA Clitzenship  USA Country  Date  Date  Date  Date  Date  Date  Country  Citizenship  Date  Country  Citizenship  Date  Country  Citizenship	(first and middle lif anyl) Family Name
857 W. Jones Creek Road  City Grants Pass State OR ZIP 97526 USA Country  NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor  Given Name first and middle [if any]) Family Name or Sumame  niventor's signature Date  esidence: City State Country Citizenship	Signature
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor  Given Name first and middle [if any])  A petition has been filed for this unsigned inventor  Family Name or Surname  Date  Date  Esidence: City  State  Country  Citizenship	Malling Address 857 W. Jones Creek Road
A petition has been filed for this unsigned inventor  Given Name first and middle [if any])  Family Name or Surname  Date  Date  State  Country  Citizenship	State ZIP Country
first and middle [if any])  Family Name or Surname  Date  Date  esidence: City  State  Country  Citizenship  alling Address	
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esidence: City  State  Country  Citizenship  alling Address	Inventor's Signature
alling Address	Residence: City
	failing Address
State ZIP Country	Ity State ZIP Country
	Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.